

Request for Review Form (Restricted Points)

(Please note: **Must be returned by 5 pm on Friday 19 January 2024**)

Ingoa Name:	
Nama Akonga Student ID Number:	Tohu Qualification, e.g. BSc:
Waea Kāinga Home Phone No:	Waea Pūkoro Mobile Phone No:
<ul style="list-style-type: none">• Please outline the special circumstances beyond your control which temporarily affected your study.• Also, please state whether your special circumstances (such as illness or bereavement) have been resolved, outline any steps taken to resolve the special circumstances, and specify any actions you are taking to ensure that you will now be able to be successful in your study.• Ensure that you have attached evidence for your special circumstances, e.g. a signed doctor's medical certificate, a notice of bereavement.• Please explain why you did not apply for Special Consideration at the time your special circumstances occurred?	
<ul style="list-style-type: none">• If required, would you like to attend a review meeting ? YES NO• If yes, are you able to attend a review meeting on Thursday 25th January 2024? YES NO• If you wish to attend in person, but are unable to do so on this date, please advise us so that alternative arrangements might be considered: <p><i>Note: You may bring an advocate and a support person to this meeting if you wish. Please notify the Secretary prior to the meeting.</i></p> <ul style="list-style-type: none">• Would you like to be referred to UCSA Advocacy & Welfare for advocacy or support services? YES NO	
Te Rā Date:	Waitohu Signature:

Send your completed form to:

Academic Quality Assurance Unit

Imēra | Email: academicprogress@canterbury.ac.nz

Please note:

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